



THE WEST DES MOINES FIRE DEPARTMENT CITIZEN'S FIRE ACADEMY

APPLICATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ DATE OF BIRTH: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

GROUP OR ORGANIZATION: _____

E-MAIL ADDRESS: _____

ARE YOU CURRENTLY A MEMBER OF A FIRE DEPT.? YES _____ NO _____

HOW DID YOU HEAR ABOUT THE WEST DES MOINES CITIZEN'S FIRE ACADEMY?

WHAT IS YOUR PURPOSE FOR ATTENDING?

IF THE ACADEMY IS FULL, WOULD YOU LIKE TO BE PLACED ON A WAITING LIST? YES _____ NO _____

T-Shirt Size: S M L XL

I do hereby acknowledge and understand that in my participation in the West Des Moines Citizens Fire Academy, I may be using a Self-Contained Breathing Apparatus (SCBA), firefighter bunker gear and firefighting tools and equipment. I also acknowledge that with my participation, I may be lifting or moving objects up to and possibly exceeding 100 lbs., climbing ladders, as well as becoming exposed to heights, live fire, and elevated temperatures. **I understand that all activities in the Citizen's Fire Academy are voluntary, and that I may choose not to participate in any activity I feel uncomfortable with.** I also hereby acknowledge that a doctor's physical is not required; however, if I possess any injury or ailment that may preclude me from any of the activities in the CFA, i.e. respiratory ailments such as asthma or similar conditions, previous back, neck or joint injuries, I will consult my personal physician before my enrollment in the West Des Moines Citizens Fire Academy.

Signature _____ Date _____

Please complete the application form completely and return it to Jim.Kirkman@wdm.iowa.gov or P.O. Box 65320, West Des Moines, IA. 50265. Any other questions may be directed to the Deputy Fire Marshal at (515) 222-3420.



WEST DES MOINES FIRE DEPARTMENT

CITIZEN'S FIRE ACADEMY

NAME OF PARTICIPANT _____

In consideration of the benefits that I will receive from my participation in the West Des Moines Citizen Fire Academy, sponsored by the City of West Des Moines, I do hereby release the City of West Des Moines, its firefighters, fire officers, public officials, agents, servants, employees and volunteers from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or my property, or my death, arising out of related to any happening or occurrence while I am participating in the Citizen's Fire Academy. For the same consideration, I agree to forever hold the City of West Des Moines and said persons harmless from any liability, claim, demands, actions or cause of action. In signing this statement, I acknowledge that I have reviewed the overview of activities included in the West Des Moines Citizen's Fire Academy application and recognize the risks those activities entail.

Signature of Participant

Date

CFA Application Process

Applications will be due one week prior to the first class.

Class size is limited to 16 people.

Class fee must be paid on the first night of class.

Once an application is completed and turned in, a review process will be completed. The following requirements must be met:

Requirement One:

Does the applicant clear the Sex Offender Registry check?	YES
---	-----

Requirement Two:

Does the applicant clear the Child Abuse Registry check?	YES
--	-----

Requirement Three:

Does the applicant clear the Iowa Courts Online Check?	YES
--	-----

1. No DUI in last 5 years
2. No theft in last 5 years
3. No drug charges in last 5 years
4. More ??

Requirement Four:

Is the application on time and complete?	YES
--	-----

If all requirements are fulfilled, applicants will be admitted on a first come first serve basis.